

K \CEGNER\DUK\9603PA3\N & Appeal
CAE: 41
DEB/CAE/smc
08/30/99

PATENT APPLICATION
DOCKET NO: DUK96-03pA3

#24
PLUNKET
10/8/99

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS**

Applicants: Jonathan S. Stamler and Andrew J. Gow

Serial No.: 08/796,164

Group Art Unit: 1654

Filed: February 6, 1997

Examiner: B. Celsa

For: Modified Hemoglobins, Including Nitrosylhemoglobins, and Uses Therefor

<p align="center">CERTIFICATE OF FACSIMILE TRANSMISSION</p> <p align="center">I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office</p> <p>on <u>August 30, 1999</u> <u>Susan M. Cullen</u> Date Signature</p> <p align="center"><u>SUSAN M. CULLEN</u> Typed or printed name of person signing certificate</p>	
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Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 30,

10/08/1999 TELETYPE 00000001 080380 08796164

01 FC:216
02 FC:219

1999, of the Primary Examiner finally rejecting claims 10-22, 24-32, 40, and 41. The items
checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 30, 1999 for two months from June 30, 1999 to August 30, 1999.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.

☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

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4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for two months	\$ 190
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$ _____
	Less fee paid ([] mo.)	- \$ _____
	Balance of fee due	\$ 0
<input type="checkbox"/>	Oral Hearing	\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 150
<input type="checkbox"/>	Other _____	\$ _____
	TOTAL	\$ 340

5. The method of payment for the total fees is as follows:

☐ A check in the amount of \$[] is enclosed.

☒ Please charge Deposit Account No. 08-0380 in the amount of \$340.

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
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Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: August 30, 1999